

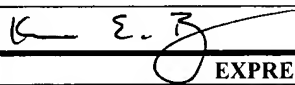


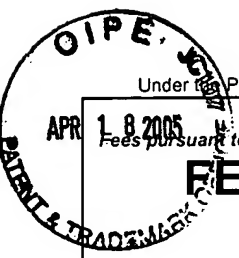
PTO/SB/21 (09-04)

Approved for use through 7/31/2006

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Under the Paperwork Reduction act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM		Application Number		10/695,713			
(to be used for all correspondence after initial filing)		Filing Date		October 29, 2003			
		First Named Inventor		B. R. Rao			
		Art Unit		2136			
		Examiner Name					
Total Number of Pages in This Submission		9		Attorney Docket Number		14897US02	
<b>ENCLOSURES (check all that apply)</b>							
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD		<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC ( <i>Appeal Notice, Brief, Reply Brief</i> ) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):			
		Remarks					
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>							
Firm or Individual Name		McAndrews Held & Malloy, Ltd.					
Name (Print/type)		Kevin E. Borg		Registration No. (Attorney/Agent)		51,486	
Signature						Date: April 18, 2005	
<b>EXPRESS MAIL DEPOSIT</b>							
"Express Mail" mailing label number : EV 435257277 US Date of Deposit April 18, 2005.							



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Effective on 12/08/2004.  
Fees pursuant to the consolidated Appropriates Act. 2005 (H.R. 4818).

# FEE TRANSMITTAL for FY 2005

Complete if Known

Application Number	10/695,713
Filing Date	October 29, 2003
First Named Inventor	B. R. Rao
Examiner Name	
Art Unit	2136
Attorney Docket No.	14897US02

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 175.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

☒ Charge Fee(s) indicated below ☐ Charge Fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fees(s) ☒ Credit any overpayments  
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

### 2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee(\$)	Fee(\$)
Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee(\$)	Fee Paid (\$)	Multiple Dependent Claims
33	-20 or HP 7	x 25.00	= 175.00	Fee Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee(\$)	Fee Paid (\$)
3	-3 or HP	x	=

HP = highest number of independent claims paid for, if greater than 3

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid(\$)
-100	/50	(round up to a whole number) x	=	

### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: \_\_\_\_\_

### SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	51,486	Telephone	(312)775-8000
Name (print/type)	Kevin E. Borg	Date	April 18, 2005		

4-19-05

J/KC  
\$



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
Attorney Docket No. 14897US02

In the Application of:

B. R. Rao et al.

Serial No.: 10/695,713

Filed: October 29, 2003

For: SECURITY SYSTEM FOR COMMUNICATING DATA BETWEEN A MOBILE HANDSET AND A MANAGEMENT SERVER

Examiner: unassigned

Group Art Unit: 2136

Conf. No.: 5570

Cust. No.: 23,446

EXPRESS MAIL

Label No.: EV 435257277 US

Date: April 18, 2005

By: \_\_\_\_\_

Kevin E. Borg  
Reg. No. 51,486

**PRELIMINARY AMENDMENT**

Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicant submits this Preliminary Amendment in connection with the above referenced application. Please amend the application as shown on the following pages:

Amendments to the Claims begin on page 2.

Remarks begin on page 7.

04/20/2005 MBIZUNES 00000020 130017 10695713

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